

FIG. 1

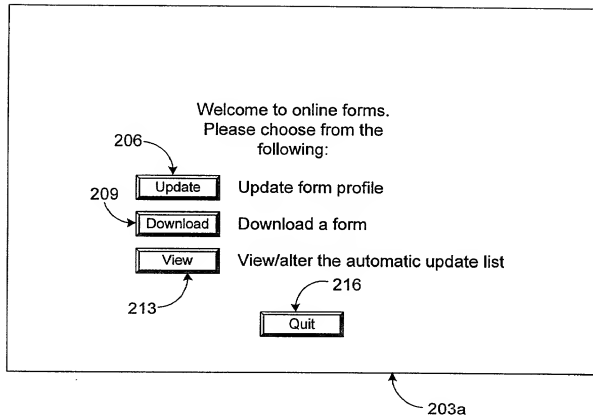


FIG. 2

Please enter or update your personal profile

Name: First M.I. Last 223

Address:

City: State:

Telephone No.:

Gender:

Medical Ins: 223

ID No.:

Group No.:

Ailments/Disease:

Emergency Medical History: 223

Return 226

173 203b

FIG. 3

Please indicate the type of form you wish to download:

Medical ▼ 233

Do you want to automatically update this form in the future when changes are made to your form profile? 236

☒ Yes
☐ No

If this form is to be automatically updated, please enter the destination network address to which updates are to be sent.

▼ 239

Download 241

FIG. 4

203c

The following are entities that receive automatic updates of the indicated form. To delete an entry, click on the entry to highlight and then hit the "delete" key.

Doctorlaura@physician.com	Medical Form	Return 243
JoeBroker@brokerage.com	Financial Form	
JoeBanker@bank.com	Financial Form	
postoffice@postoffice.com	Address Form	
subscription@newyorktimes.com	Address Form	
subscription@time.com	Address Form	
creditcard@card.com	Address Form	
• • •	• • •	176

FIG. 5

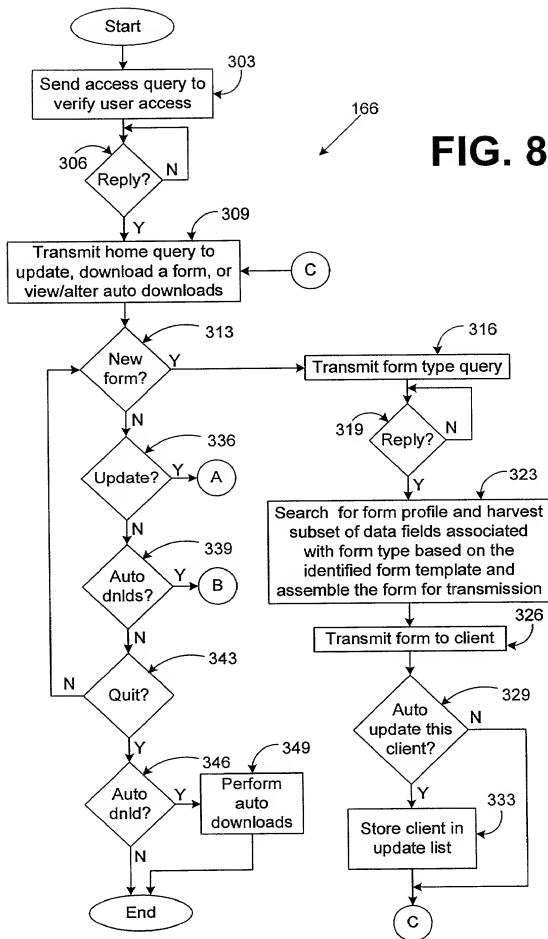
203d

ADDRESS TEMPLATE	
FORM TYPE: Address	
RELATIVE FIELDS:	
Name	183a
Address	
City	
State	
Zip Code	
Telephone Number	

FIG. 6

ADDRESS FORM	
Name:	John Doe
Address:	100 Sycamore Lane Boise, Idaho 12345
Telephone:	(123) 456-7890

FIG. 7



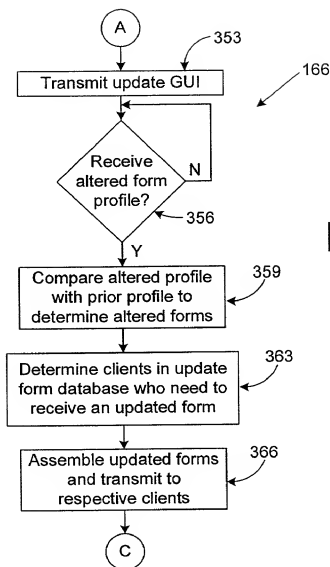


FIG. 9

FIG. 10

